

**General Release****Return to:**

DRIVER LICENSE DIVISION
SAFETY RESPONSIBILITY UNIT
PO BOX 1471
MONTGOMERY AL 36102-1471

ACCIDENT CASE NUMBER: _____

DATE OF ACCIDENT: _____

COUNTY OF ACCIDENT: _____

To be executed only when a full release from liability has occurred. THIS RELEASE CANNOT BE CANCELED. If the notarized release is obtained from the insurance company of the claimant, a subrogation or proof of loss must be furnished. Release need not be notarized if properly witnessed by two persons over eighteen years of age and other than the two parties negotiating the release. Witnesses' address must be furnished.

ALABAMA DEPARTMENT OF PUBLIC SAFETY**GENERAL RELEASE**

For good and valuable consideration the undersigned does hereby release and forever discharge the said _____ from all claims and causes of action the undersigned now has or hereafter may have on account of damages resulting from an accident which occurred at _____ on or about _____ 20____.

By the execution of this release, the party agrees that the same may be used The Motor Vehicle Safety Responsibility Unit in the administration of any provision of the Alabama Motor Vehicle Safety Responsibility Act 704, of 1951.

Dated: _____, 20_____

WITNESS 1:

Name

Address

City, State, Zip Code

WITNESS 2:

Name

Address

City, State, Zip Code

Signature of Party Giving Release

Sworn to and subscribed before
me this _____ day
of _____

Notary Public

My Commission Expires